

## ALABAMA DEPARTMENT OF REVENUE INDIVIDUAL INCOME TAX

## Change of Address Form

Please complete all fields and return the completed form to the mailing address shown below.

Forms submitted without a Social Security Number will not be processed.

Date:			
Name:			
Spouse's Name:			
Primary last four digits of Soci	al Security Number:		
Spouse's last four digits of So	cial Security Number:		
Amount of current year Alabar	ma refund or amount owed to Alaba	ma: \$	
Daytime Telephone Number:	()		
, ,	AREA CODE		
Former Mailing Address:			
Ç		ADDRESS	
	·		
	CITY	STATE	ZIP CODE
Date New Mailing Address in I			
	MONTH	DAY	YEAR
New Mailing Address:			
		ADDRESS	
	CITY	STATE	ZIP CODE
	CITT	SIAIE	ZIF CODE
SIGNATURE		SPOUSE'S SIGNATURE (IF JOINT RETURN, BOTH MUST SIGN)	